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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|
| <h2 style="margin: 0;">TRANSMITTAL<br/>FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p> | Application Number     | 10/663,861         |
|                                                                                                                                                              | Filing Date            | September 16, 2003 |
|                                                                                                                                                              | First Named Inventor   | Kazuhiko NISHIZAWA |
|                                                                                                                                                              | Art Unit               | 2885               |
|                                                                                                                                                              | Examiner Name          | Alan B. Cariaso    |
| Total Number of Pages in This Submission                                                                                                                     | Attorney Docket Number | 393032040900       |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; margin-top: 5px;"></div> <div style="margin-left: 5px;">Remarks</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                         |          |        |
|--------------------------------------------|-------------------------|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP |          |        |
| Signature                                  |                         |          |        |
| Printed name                               | Hristo I. Vachovsky     |          |        |
| Date                                       | April 21, 2008          | Reg. No. | 55,694 |

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